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Substitute for form 1449/PTO		Complete if Known		
		Application Number	Not Assigned	
INFORMATION D	NECI OSLIDE	Filing Date	April 13, 2006	
		First Named Inventor	MONTANI et al.	
STATEMENT BY APPLICANT (Use as many sheets as necessary)		Art Unit	Not Assigned	
		Examiner Name	Not Assigned	
Sheet 1 of	1	Attorney Docket Number	33033-1081	

Examiner Ci Initials* No	Cite	Document Number Publication Date MM-DD-YYYY  Number-Kind Code <sup>2</sup> (f known)	Name of Patentee or	Pages, Columns, Lines, Where	
	No.1		MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)	MM-DD-YYYY		Or Relevant Figures Appear	T <sup>6</sup>
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